WITHIN CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

02259

1. PLACE OF DEATH

County Somerset — Registration Dist. No. 265

Village or City Crisfield — No. Potomac St. — St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fred Hardy Adams — If U. S. Veteran, specify WAR ...

(a) Residence: No. Potomac St., Ward. (Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	S

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, and year) Feb. 2, 1940

7. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Crisfield (State or country) Maryland

FATHER

13. NAME Gordon Adams

14. BIRTHPLACE (city or town) Marion (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Somers

16. BIRTHPLACE (city or town) Norfolk (State or country) Va

17. INFORMANT Gordon Adams (Address) Crisfield, Md

18. BURIAL, CREMATION, OR REMOVAL — Place Tawsonia Cem. Date Feb 12, 1940

19. UNDERTAKER John A. Bradshaw (Address) Crisfield Md

20. FILED Feb. 11, 1940 C. E. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. 10, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1940, to Feb 10, 1940

I last saw him alive on Feb 10, 1940; death is said to have occurred on the date stated above, at 1 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Feb. 2
(Significant birth)	

Other Contributory Causes of Importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical ... Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Sarah M. Peyton M. D.

(Address) Crisfield, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 5 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

(97)

02260

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH:
County Somerset
City or town Wenona Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Wenona Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Olevia Adams

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
8 (b) Name of husband ~~or wife~~ John Adams Deceased
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Not Obtainable
8. AGE: Years 72 Months Days If less than one day hrs. min.
9. Birthplace Dorchester Co (Town, county, and state)
10. Usual occupation House duties
11. Industry or business
FATHER 12. Name Thomas Traverse
13. Birthplace Dorchester Co
MOTHER 14. Maiden name Kittie Jones
15. Birthplace Dorchester Co
16. Informant Cleveland Adams
Address Wenona Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feby 7 (month) (day) (year)
Cemetery or crematory Overgrove Cemetery
Location Lower Dorchester Co
18. Funeral director L G Webster
Address Deals Island Md
19. Feby 6th 1940 (Date rec'd by registrar) Rosa Webster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feby 4th 1940, at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 10 1939 to Feb 4 1940
and that I last saw her alive on Feb 4 1940
Immediate cause of death Cerebral Arteriosclerosis — DURATION 4 yrs
Due to
Due to
Other conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury injured at work?

23. SIGNATURE Victor L. Spurton M.D. M. D. or other
Address Deal Island Date signed 2-4-40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02261

1. PLACE OF DEATH

County Somerset Registration Dist. No. 263

Village or City Mt Vernon No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Viola Bailey If U. S. Veteran, specify WAR

(a) Residence: No. Mt Vernon Somerset Co St., Md. Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
7	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elwood Bailey

6. DATE OF BIRTH (month, day, and year) April 14 1906

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	33	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. General House Work

10. Date deceased last worked at this occupation (month and year) 31 March 1939

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) Mt Vernon
(State or country) Somerset Co. Md.

FATHER

13. NAME Oscar Wainwright

14. BIRTHPLACE (city or town) Mt Vernon
(State or country) Som Co. Md.

MOTHER

15. MAIDEN NAME Carrie Robinson

16. BIRTHPLACE (city or town) Mt Vernon
(State or country) Som. Co. Md

17. INFORMANT Edward Wainwright
(Address) Price Ave, R2

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Vernon Date Feb. 27, 1940

19. UNDERTAKER Edwin Jones
(Address) Pr. Ave. Md. R1 #7

20. FILED Feb. 26, 1940, Stephen O. [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 24 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1939, to Feb 24, 1940

I last saw her alive on Feb 21, 1940; death is said to have occurred on the date stated above, at 3:40 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2·20·39

Other Contributory Causes of Importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eedore G. Mawsman M. D.

(Address) Price Ave, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible], WITH UNFADING INK—THIS IS A PERMANENT RECO[illegible] [illegible]ery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(97)

02262

Reg. Dist. No. 262

1. PLACE OF DEATH:

County: Somerset

City or town: Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural R.F.D. 1.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 45 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rural R.F.D. 1.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Sam Beauchamp

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: Col.

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hattie Beauchamp

6(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): Jan. 1, 1876

8. AGE: Years: 64 Months: 1 Days: 19 If less than one day: hrs. min.

9. Birthplace: Shelltown, Somerset Co., Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Sam H. Beauchamp
13. Birthplace: Somerset County, Md.

MOTHER
14. Maiden name: Maggie -------
15. Birthplace: Somerset County, Md.

16. Informant: Gorden Beauchamp
Address: Pocomoke City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 2-26-40 (month) (day) (year)

Cemetery or crematory: Tinley Chappell Cemetery

Location: Pocomoke City, Md.

18. Funeral director: John A. Bradshaw
Address: Pocomoke City, Md.

19. Feb 21 1940 (Date rec'd by registrar) Mrs Clayton Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2-20 ct 1940, at 3:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 4 1940, to Feb 4 1940, and that I last saw him alive on Feb 4 1940.

Immediate cause of death: Hemorrhage — DURATION: Months

Due to: Senile dementia — 2 yrs.

Due to: Arteria Sclerosis — (2) Some years

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of eulopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: B. E. Cartorius M. D. or other
Address: Pocomoke City Md Date signed: 2/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-D)

02263

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
County Somerset
City or town East Princess Anne Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 24 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Somerset
City or town East Princess Anne Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Edward Thomas Bell
3. (b) Social Security Number none

4. Sex Male
5. Color or race white
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Annie E. Bell
6(c) If alive, give age 67 years
7. Birth date of deceased (mo., day, yr.) May 25 1870
8. AGE: Years 69 Months 8 Days 8 If less than one day hrs. min.
9. Birthplace Accomac Accomac Co. Md.
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Truck Farming
FATHER
12. Name John Bell
13. Birthplace London England
MOTHER
14. Maiden name Litresia Bunlick
15. Birthplace Accomac Virginia
16. Informant Annie E Bell
Address East Princess Anne Md.
17. Burial Date thereof Feb 6 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Presperterian cemetery
Location Princess Anne Md.
18. Funeral director Dale Dashiell
Address Princess Anne Md.
19. 7/4 1940 T J Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3rd 1940, at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19,
and that I last saw h alive on 19.
Immediate cause of death Arteriosclerosis
Chron Myocarditis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION
Worth Hours

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE T J Smith M.D. or other
Address Princess Anne Md Date signed 7/4.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 7 1940
BUREAU V. S.

02264

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (12b)

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 49 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Somerset

City or town Crisfield Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Roger Atwood Bell

3. (b) Social Security Number 220-03-5132

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Agnes C Bell

6(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) July 17 1890

8. AGE: Years 49 Months 7 Days 9 If less than one day ___ hrs. ___ min.

9. Birthplace Crisfield, Somerset, Md.

(Town, county, and state)

10. Usual occupation Dry Cleaner

11. Industry or business

FATHER

12. Name Bryon Bell

13. Birthplace Crisfield Md

MOTHER

14. Maiden name Florence Adams

15. Birthplace Crisfield Md

16. Informant Mrs Agnes C Bell

Address Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 28 1940 (month) (day) (year)

Cemetery or crematory Crisfield Cemetery

Location Crisfield Md

18. Funeral director John A Bradshaw

Address Crisfield Md

19. Feb. 27, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 26 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 26 1940, to Feb 26 1940, and that I last saw h— alive on ___ 19__.

Immediate cause of death Acute Dil of Heart

Due to

Due to

Other conditions Clinic myocarditis clinic Diabetes Nephritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C Cullman MD M. D. or other

Address Marion Md Date signed Feb 27 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02265

MARGIN RESERVED FOR BINDING

N. B.—WRITE IN INK, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (101)

County Somerset — Registration Dist. No. 266

Village or City Princess Anne — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Samuel Bowland — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	C	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Gertrude Bowland

6. DATE OF BIRTH (month, day, and year): June 30 1866

7. AGE — Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
73	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own Farmer

10. Date deceased last worked at this occupation (month and year): Oct. 1939

11. Total time (years) spent in this occupation: 55

12. BIRTHPLACE (city or town): Oakville

(State or country): Somerset County, Md.

FATHER

13. NAME: John Bowland

14. BIRTHPLACE (city or town): Oakville

(State or country): Somerset Co. Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town): Oakville

(State or country): Somerset Co. Md.

17. INFORMANT: Mary Taylor

(Address): 1401 E. 22nd St Chester, Pa

18. BURIAL, CREMATION, OR REMOVAL

Place: Somerset — Date: 2-20, 1940

19. UNDERTAKER: William James Long

(Address): Princess Anne, Md.

20. FILED: 2/20, 1940 — J. J. Smith, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 17 (Day), 1940 (Yaer)

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1940, to Feb 17, 1940

I last saw him alive on Feb 17, 1940; death is said to have occurred on the date stated above, at 11:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	2/2/40
Other Contributory Causes of Importance:	
Broncho-Pneumonia	2.16.40

Name of operation: — Date of: ____

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Geo. L. Mackenzie M. D.

(Address) Princess Anne, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02266

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (107)

County Somerset Registration Dist. No. 761

Village or ~~City~~ Marion No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Louis Byrd If U. S. Veteran, specify WAR

(a) Residence: No. Marion St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Nov. 4, 1937

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Deals Island, (State or country) Maryland.

FATHER

13. NAME Thomas Louis Byrd.

14. BIRTHPLACE (city or town) Marion Station, (State or country) Maryland.

MOTHER

15. MAIDEN NAME Bethsaida Mary Harris

16. BIRTHPLACE (city or town) Deals Island (State or country) Maryland

17. INFORMANT Bethsaida Byrd. (Address) Marion Station, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Deals Island, Md. Date Feb. 21st, 1940

19. UNDERTAKER J. Edgar Thomas (Address) Accomac, Va.

20. FILED 2/21, 1940 Amelia P. Lawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February (Month) 19th (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1940, to Feb 19, 1940

I last saw h— alive on Feb 19, 1940; death is said to have occurred on the data statad above, at 2:00 P. m.

The **PRINCIPAL CAUSE OF DEATH** and ralated causes of importance ware as follows:

	Date of onset
Bronchopneumonia	
Other **Contributory Causes** of importance: Bronchopneumonia	Feb 10

Nama of operation — Data of —

What test confirmed diagnosis? — Was thera an autopsy? —

23. If death was due to axtarnal causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? — Date of injury —, 19—

Whare did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Geo. L. Coulbourn M. D.

(Address) Marion, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

RECEIVED MAR 2 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

02267

Reg. Dist. No. 265

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 5-7 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George Colie

3. (b) Social Security Number: 217-01-4661

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Negro	Widowed

6 (b) Name of husband or wife: Ida Colie

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 11, 1882

8. AGE:

Years	Months	Days	If less than one day
57	6	24	hrs. min.

9. Birthplace: Girdle Tree Md (Town, county, and state)

10. Usual occupation: Oyster opener + Crabber

11. Industry or business: Oyster Packing + Crab

FATHER

12. Name: Burt Colie

13. Birthplace: Virginia

MOTHER

14. Maiden name: Leah Townsend

15. Birthplace: Stockton, Md

16. Informant: Frank Waters

Address: Crisfield, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Feb 9 1940 (month) (day) (year)

Cemetery or crematory: ~~Lawsonia~~ buried

Location: Lawsonia ~~Crisfield Md~~

18. Funeral director: Chas E Ward

Address: Marion Md.

19. Feb. 8, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 5 1940, at 5:05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 28 1939 to Feb. 5 1940, and that I last saw h- alive on Feb. 4 1940.

Immediate cause of death: Mitral insufficiency

DURATION: Oct. 28 1939 to Feb. 5, 1940

Due to:

Due to:

Other conditions: Edema

DURATION: 10/28 39

(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. J. Markley, M. D. (M. D. or other)

Address: Date signed:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAR 5 1918
BUREAU V. S.

02268

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Princess Anne
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lizzie Dennis

3. (b) Social Security Number

4. Sex Female

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Horace Dennis

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years 60 Months 10 Days 1 If less than one day hrs. min.

9. Birthplace Princess Anne Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Jessie Handy
13. Birthplace Smith Cty

MOTHER
14. Maiden name Hedline Handy
15. Birthplace Somerset Cty

16. Informant Mary Dennis ~~Cty~~

Address Princess Anne

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-4-40 (month) (day) (year)

Cemetery or crematory John Wesley

Location Pr Anne Md

18. Funeral director William James Lee

Address Princess Anne

19. Feb 2 1940 (Date rec'd by registrar) T. J. Smith M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 1 1940, at 8.10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 31 1940, to Feb 1 1940, and that I last saw h ~~er~~ alive on Jan 31 1940.

Immediate cause of death — DURATION

Myocarditis, Chronic. — 6 Mths

Due to Duration: three years. C.W.G.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldon G. Marksman M. D. or other

Address Princess Anne Date signed 2.3.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 7 1940
BUREAU V.

02269

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(107)

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
County: Somerset
City or town: Princess Anne
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 1 yr 9 mo 22 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Princess Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Joseph Franklyn Doane

3. (b) Social Security Number: None

4. Sex: M
5. Color or race: Col
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): May 3 1938
8. AGE: Years 1 Months 9 Days 22 If less than one day ____ hrs. ____ min.
9. Birthplace: Princess Anne, Somerset, Md (Town, county, and state)
10. Usual occupation: ✓
11. Industry or business
FATHER
12. Name: Herbert Doane
13. Birthplace: Princess Anne Md
MOTHER
14. Maiden name: Gladys Haywood
15. Birthplace: Princess Anne Md
16. Informant: Mary Doane
Address: Princess Anne Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 27 1940 (month) (day) (year)
Cemetery or crematory: Princess Anne cem.
Location: Princess Anne Md
18. Funeral director: John A Bradshaw
Address: Crisfield Md
19. Feb 27 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 25 1940, at 1.30 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h____ alive on ____ 19__.
Immediate cause of death: Had no physician from history obtained from family, broncho pneumonia was probably the cause of death
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Princess Anne Md Date signed 2/27/40

HENRY M. LANKFORD, M.D. Deputy Medical Examiner for Somerset County

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02270

CERTIFICATE OF DEATH

Reg. Diat. No. 760

1. PLACE OF DEATH:

County: Somerset

City or town: Oakville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: (Rural)

Stay in hospital or insf. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Somerset

City or town: East Pr Ann Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Doane

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

6 (b) Name of husband or wife: Henretta Doane

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Xbr 7 (unsure)

8. AGE: Years: 76 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Somerset County — Md.
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER — 12. Name: Elijah Doane

13. Birthplace: Somerset County

MOTHER — 14. Maiden name: Jane Ballard

15. Birthplace: Somerset County

16. Informant: Ruby D Tennis

Address: Oakville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/7/40 (month) (day) (year)

Cemetery or crematory: Oakville

Location: Oakville, Md.

18. Funeral director: James L. D Tennis

Address: Princess Anne Md.

19. 2/6 (Date rec'd by registrar) 1940 T. J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 7th 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Arteriosclerosis	
Due to Myocarditis, Chronic.	
Duration: Unknown. C.W.S.P.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE T. J. Smith M. D. or other

Address: Princess Anne Md. Date signed 2/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02271

Reg. Diat. No. 266

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Ewell
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 58 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Ewell Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Clara Virginia Evans

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

B (b) Name of husband or wife: William B Evans
6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): June 1 1881

8. AGE: Years	Months	Days	If less than one day
58	5	10	hrs. min.

9. Birthplace: Ewell Somerset Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Aaron B Bradshaw
13. Birthplace: Ewell Md

MOTHER
14. Maiden name: Laura Tyler
15. Birthplace: Tylerton Md

16. Informant: John A Bradshaw
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 11 1940 (month) (day) (year)
Cemetery or crematory: Ewell Cem.
Location: Smith Island Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Feb 9. (Date rec'd by registrar) 19 40 Carrie M Kitching Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 9th 19 40, at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb Mar 1940 19, to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
Was dead when I arrived	
Had been dead about 10 min.	
Due to Probaly Bronchial	
Pneumonia	
Due to	
Other conditions: Influenza	5 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: C E Gaskins M. D. or other
Address: Crisfield Md Date signed Feb 9-40

RECEIVED
MAR 5 1940
BUREAU V. S.

02272

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Near Br Ann Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary F. Gale

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: West Gale

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: About 75 | Months: ✓ | Days: ✓ | If less than one day: hrs. min.

9. Birthplace: Md (Town, county, and state)

10. Usual occupation: House work

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: " "

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: Bernice Dorsey
Address: Westover Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/3-40 (month) (day) (year)

Cemetery or crematory: Pauls Neck

Location: Somerset Co.

18. Funeral director: Wm James & Son
Address: Princess Ann Md

19. 3/1 1940 (Date rec'd by registrar) G J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 28th 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death: Arteriosclerosis

Due to: Myocarditis, Chronic. Duration: Unknown. G.W.G.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: Unk. Known

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G J Smith M. D. or other

Address Princess Ann Md Date signed 3/1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 7 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122C)

02273

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset

City or town Near Crisfield (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mc Cready Hospital

Stay in hospital or inst. (yrs., or mos., or days) 6 days

Stay in this community (yrs., or mos., or days) 39 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infants give residence of mother)

State Md County Somerset

City or town Marion Station Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edith Johnson

3. (b) Social Security Number 201-03-1095

4. Sex Female

5. Color or race Colored

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife John T Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12 - 1900

8. AGE: Years 39 Months 4 Days 24 If less than one day hrs. min.

9. Birthplace Somerset co Md (Town, county, and state)

10. Usual occupation house work

11. Industry or business

FATHER 12. Name William Miles

13. Birthplace Somerset co

MOTHER 14. Maiden name Georgianna Jacobs

15. Birthplace Somerset co Md

16. Informant Georgeanna Whittington

Address Marion Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 8-1940 (month) (day) (year)

Cemetery or crematory Liberia Cemetery

Location Liberia Marion Md

18. Funeral director Chas H Ward

Address Marion Md

19. 2/7 1940 (Date rec'd by registrar) Aurelia B. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 4 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 1940, to Feb 4 1940, and that I last saw her alive on Feb 4 1940.

Immediate cause of death Acute Dil of Heart Infarct

Due to Peritonitis and Intestinal obstruction.

Due to Probably due to pelvic peritonitis. Not due to cancer. C.W.G.R.

Other conditions Patient died before any surgical treatment could be done. (Include pregnancy within 3 months of death)

Major findings:

Of operations No operation

Of autopsy Autopsy not made.

DURATION — Jan 25 40

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C Coulbourn M. D. or other

Address Marion Sta Date signed Feb 5 40

FEB 23 1940
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02274

Reg. Dist. No. 265

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 5 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Worcester
City or town: Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Georgiana Jones

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	Widowed

6 (b) Name of husband or wife: Sheppard Jones (deseased)
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): ? ? 1879

8. AGE: Years	Months	Days	If less than one day
61	?	?	hrs. min.

9. Birthplace: Snow Hill, Worcester, Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: John Wicks
13. Birthplace: Near Snow Hill, Md

MOTHER
14. Maiden name: Sarah Anderson
15. Birthplace: Near- Snow Hill, Md

16. Informant: Mrs Stetson Wicks
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 28 1940 (month) (day) (year)
Cemetery or crematory: Mt Zion cemetery
Location: Pocomoke City Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Feb 27, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 25 1940, at 34 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 19 1940, to Feb. 25 1940, and that I last saw h[illegible] alive on Feb. 24 1940.

Immediate cause of death	DURATION
Intussusception of Large Hemorrhage	Feb. 19,
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. J. Bradley M. D.
Address 309 W. Md. ave Crisfield M. D. or other
Date signed 2/26/40

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 15 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

CERTIFICATE OF DEATH

02275

Reg. Dist. No. 262

1. PLACE OF DEATH:
County Somerset
City or town Pocomoke city R F D
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 62 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R F D
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Florence Long

3. (b) Social Security Number -----

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Widowed

6 (b) Name of husband or wife John Long
6(c) If alive, give age ----- years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1878

8. AGE: Years	Months	Days	If less than one day
62	0	6	----- hrs. ----- min.

9. Birthplace Somerset Co., Md.
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name James Bishop
13. Birthplace Worcester County, Md.
MOTHER 14. Maiden name Sarah Townsend
15. Birthplace Girdletree, Md.
16. Informant Clarence Long
Address Pocomoke City, Md. R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-16-40 (month) (day) (year)
Cemetery or crematory Tinley Chappel Cemetery
Location Dublin District
18. Funeral director John A. Bradshaw
Address Pocomoke City, Md.
19. Feb 16 1940 (Date rec'd by registrar) Mrs Clayton Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1940, at 9A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ----- 19-- to ----- 19--; and ~~that I last saw him~~ alive on ----- 19--

Immediate cause of death	DURATION
asthma (cardiac)	3
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE HENRY W. LANKFORD, M.D. Acting Medical Examiner for Somerset County
Address Princess Anne, Md. M. D. or other
Date signed 2/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15.

RECEIVED
MAR 5 1940
BUREAU V. S.

02276

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County: Somerset

City or town: Westover Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 11 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Marion Station Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles M Marshall

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: none

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 1872 Oct 8

8. AGE: Years 67 Months 3 Days 29 If less than one day ____ hrs. ____ min.

9. Birthplace: Marion Somerset Co Md (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: none

FATHER

12. Name: Henry J Marshall

13. Birthplace: Marusco Somerset Co Md

MOTHER

14. Maiden name: Mary H Burnett

15. Birthplace: Marion Somerset Co Md

16. Informant: Addie H Jones

Address: 117 Bethel St Elkton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 11 1940 (month) (day) (year)

Cemetery or crematory: Cemetary

Location: Liberia Marion Sta Md

18. Funeral director: Chas. H. Ward.

Address: Marion Md

19. 7/10 1940 (Date rec'd by registrar) Aurelia P. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 7 1940, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to Feb 1 1940, and that I last saw him alive on Feb 7 1940.

Immediate cause of death: Acute Dis of Heart

Due to

Due to: Generalized Sclerosis

Other conditions: Chronic Ant Nephritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: Years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: George C. Coulbourn M. D. or other

Address: Marion Md. Date signed: Feb 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 2 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131 2)

02277

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:
County: Somerset
City or town: Marion
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): ?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Marion Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Martha Marshall

3. (b) Social Security Number: None

4. Sex: F
5. Color or race: W
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John F Marshall (deseased)
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Sept 27 1854
8. AGE: Years 85 Months 2 Days 4 If less than one day ____ hrs. ____ min.
9. Birthplace: ? ? ? Somerset Md
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER
12. Name: Alfred Cannon
13. Birthplace: Somerset County Md
MOTHER
14. Maiden name: Elizabeth Jones
15. Birthplace: Somerset County Md
16. Informant: George Marshall
Address: Crisfield Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 4 1940 (month) (day) (year)
Cemetery or crematory: St Pauls cemetery
Location: Marion Md
18. Funeral director: John A Bradshaw
Address: Crisfield Md
19. 7/4 1940 (Date rec'd by registrar) Aurelia B. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 1 1940, at 12:05 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 10 1940, to Jan 30 1940, and that I last saw h— alive on Jan 30 1940.
Immediate cause of death: Cerebral Hemorrhage
DURATION: 40 hrs
Due to
Due to
Other conditions: Chronic Int. nephritis; Chronic suprarenalitis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: George C Coulbourn MD
M. D. or other
Address: Marion Md Date signed: Feb 2 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 3 1948
BUREAU V. S.

02278

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Somerset Registration Dist. No. 261

Village or City Marion Station No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Novella Beatrice Milbourne If U. S. Veteran, specify WAR

(a) Residence: No. Marion Station Md Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	Col	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan 28 40

7. AGE	Years	Months	Days	If LESS then 1 day, hrs. or min.
	—	—	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marion Station Somerset Co., Md

FATHER

13. NAME Ottaway Milbourne

14. BIRTHPLACE (city or town) (State or country) Somerset Co. Md

MOTHER

15. MAIDEN NAME Lucy Waters

16. BIRTHPLACE (city or town) (State or country) Whitpiquin Md.

17. INFORMANT (Address) Lucy Waters Milbourne Marion Station, Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Pier Cemetery Date 7/10, 1940

19. UNDERTAKER (Address) W. T. Milbourne Marion Md

20. FILED 7/10, 1940 Aurelia B. Lawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 9 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from Jan 28, 1940, to Feb 9th, 1940

I last saw her alive on Jan 5, 1940; death is said to have occurred on the date stated above, at 7.00 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Influenza	2.5.40

Other Contributory Causes of Importance:

Broncho Pneumonia	2.7.40

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eldon G. Marksman M. D.

(Address) Pine Ave, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible], WITH UNFADING INK—THIS IS A PERMANENT RECO[illegible] [illegible]ry item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 2 1928 BUREAU U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02279

95-C

1. PLACE OF DEATH

County Somerset Registration Dist. No. 260

Village or City East Pr Anne Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Miles If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen Miles

6. DATE OF BIRTH (month, day, and year) Not known

7. AGE Years about 80 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Last work-forming several years ago

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Several years

11. Total time (years) spent in this occupation all of life

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Lafayette Miles

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hanna (don't know maiden name)

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Other Miles (Address) Princess Anne Md

18. BURIAL, CREMATION, OR REMOVAL Place Oak Hill Date Feb 5th, 1940

19. UNDERTAKER Jno A. B. Johnson (Address) Crisfield Md

20. FILED 2/3, 1940 T J Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 3rd (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: No Dr. in attendance Died very suddenly Suppose some heart condition

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T J Smith (Not in attendance) M. D.

(Address) Pr Anne Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible], WITH UNFADING INK—THIS IS A PERMANENT RECO[illegible] Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(166)

02280

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Somerset

City or town Marion

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 24 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Somerset

City or town Marion Station Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Lee Miles

3. (b) Social Security Number 215-189-505

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife single

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 10-1915

8. AGE: Years 24 Months 11 Days 29 If less than one day hrs. min.

9. Birthplace Crisfield Somerset Co Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name George Henry Miles

13. Birthplace Somerset Co Md

MOTHER

14. Maiden name Stella Davis

15. Birthplace Marion Somerset Co Md

16. Informant Joseph Miles

Address Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 15 1940 (month) (day) (year)

Cemetery or crematory Marion Md

Location

18. Funeral director Chas H Ward

Address Marion Md.

19. 2/13 1940 (Date rec'd by registrar) Aurelia B. Hawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1940, at 1:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 —, to — 19 —, and that I last saw h — alive on — 19 —.

Immediate cause of death Fractured Skull Right Frontal Bone

Due to Due to Fering

Due to Shot, with Shot Gun, homicide. C.W.G.R.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Shot in forehead, with shotgun, in woods near an illicit still, Marion, Md.

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide homicide Date of 2/9-40

Where did injury occur? Woods near Marion Som Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Shot Gun Injured at work?

23. SIGNATURE Wm H Coulbourn Deputy Medical Examiner Som Co M. D. or other

Address Crisfield Md Date signed 2/10/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAR 2 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02281

1. PLACE OF DEATH

County Somerset Registration Dist. No. 264

Village or City Upper Fairmount No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Milligan If U. S. Veteran, specify WAR

(a) Residence: No. Upper Fairmount St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of E. W. Milligan

6. DATE OF BIRTH (month, day, and year) Dec. 6 1855

7. AGE Years 74 Months 2 Days 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Fairmount Md

FATHER
13. NAME Lazarus H. Miles
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Sarah E. Miles
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Gertrude Miles
(Address) Upper Fairmount

18. BURIAL, CREMATION, OR REMOVAL
Place Pocomoke Date Feb. 27, 1940

19. UNDERTAKER Harry B. Miles
(Address) Upper Fairmount Md

20. FILED Feb 26 1941 K. O. Dickinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. (Month) 24 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1940, to Feb 24, 1940

I last saw her alive on Feb. 24, 1940; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Thrombosis; probably of the abdominal aorta at the junction of the common iliac. Cwlr. R. Durati. a short time.

Date of onset 7/22/40

Other Contributory Causes of importance:

Chronic Myocarditis — Y5 ago
Acute Cold — 2 mos ago

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. A. Parker M. D.

(Address) Pocomoke City, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1916*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

012282

Reg. Dist. No. 260

1. PLACE OF DEATH:
County Somerset
City or town E. 7 Pr Anne, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sidney Mills

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Widowed

6 (b) Name of husband or wife Laura Mills (dead)
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
about 87	11		hrs. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual occupation Farm Laborer
11. Industry or business

FATHER
12. Name John Mills
13. Birthplace Md.

MOTHER
14. Maiden name Martha Cluff
15. Birthplace Md.

16. Informant Willis Mills
Address Pr Anne, Md

17. Christ M E (Burial, cremation, or removal. Which?) Date thereof 2-11-40 (month) (day) (year)
Cemetery or crematory
Location
18. Funeral director Wm James Wm
Address Princess Anne Md

19. 2/16 1940 (Date rec'd by registrar) G J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2/6 1940, a.m. p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death	DURATION
Coma & Arteriosclerosis	
Due to Myocardial Insuf, Chronic	
Due to Duration - Unknown - Cause?	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G J Smith (M.D. in attendance) M. D. or other
Address Princess Anne Md Date signed 2/10-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MAR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF

02283

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
County: Somerset Co.
City or town: Crisfield Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Va. County: Accomac Co.
City or town: Tangier, Va. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Edward Smith Pruitt

3. (b) Social Security Number: None

4. Sex: M
5. Color or race: W
6. (a) Single, married, widowed, or divorced:
6 (b) Name ~~of husband or~~ wife: Mary F. Pruitt
6 (c) If alive, give age: 60 years
7. Birth date of deceased (mo., day, yr.): Oct. 5 1881

8. AGE: Years 58 Months 4 Days 9 If less than one day ___ hrs. ___ min.

9. Birthplace: Tangier, Va. (Town, county, and state)
10. Usual occupation: Capt. of Boat
11. Industry or business: Transporting Sea Food
FATHER
12. Name: Edward Pruitt
13. Birthplace: Tangier, Va.
MOTHER
14. Maiden name: Emily Crockett
15. Birthplace: Tangier, Va.
16. Informant: Charles Pruitt
Address: Tangier, Va.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Feb. 18, 1940 (month) (day) (year)
Cemetery or crematory: Tangier, Va.
Location: " "
18. Funeral director: I. S. Lawson & Son
Address: Crisfield, Md
19. Feb. 15, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 14 1940, at 1:05 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___, to ___ 19___, and that I last saw h___ alive on ___ 19___.

Immediate cause of death: Acute Cardiac Dilatation probable
Due to: Coronary Disease
Due to: Was pulling on Rope Docking Boat during
Other conditions: Heavy wind Storm
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Excessive Straining & pulling on Boat
Accident, suicide, or homicide Date of 2-14-40
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Wm H. Coulbourn M.D. Deputy Medical Examiner
M. D. or other
Address: Crisfield Md. Date signed: 2-14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1946
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

02284

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset

City or town Marion

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Marion County Somerset

City or town Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martha Robinson

3. (b) Social Security Number

4. Sex Female

5. Color or race Negro

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Born dead Feb. 27, 1940

8. AGE: Years Months Days If less than one day

Born dead hrs. min.

8. Birthplace Marion, Md (Town, county, and state)

10. Usual occupation Not any

11. Industry or business

FATHER

12. Name John Henry Robinson

13. Birthplace North Thumberland Co. Va

MOTHER

14. Maiden name Viola Clayton

15. Birthplace Deep Creek Va.

16. Informant Henry Robinson

Address Marion, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 28 1940 (month) (day) (year)

Cemetery or crematory Branch Min Marion

Location Near Marion, Md.

18. Funeral director Henry Robinson

Address Marion, Md.

19. Feb. 27, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 27 Born dead 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw Born dead alive on 19

Immediate cause of death Unknown

First twin born alive and second born dead - One hour between delivery -

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. J. Barkley, M.D. M. D. or other

Address Crisfield, Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (11)

CERTIFICATE OF DEATH

02285

Reg. Diat. No. 270

OUTSIDE CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Near Crisfield Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: McCready Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Rehoboth Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Savage

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Widowed

6 (b) Name of husband or wife: Gertrude Wilbins Savage (deceased)

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 20, 1896

8. AGE: Years	Months	Days	If less than one day
43	10	11	hrs. min.

9. Birthplace: Rehoboth Somerset, Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER

12. Name: Elijah Savage

13. Birthplace: Rehoboth Md

MOTHER

14. Maiden name: Grace Wilbins

15. Birthplace: Rehoboth Md

18. Informant: Thomas Savage

Address: Marion, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 4 1940 (month) (day) (year)

Cemetery or crematory: Marumsco

Location: Near Marion Md

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. 2/4 (Date rec'd by registrar) 1940 Tyndia B. Lawson Deputy Registrar

J. E. Collins

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 1 1940, at 10:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 1940, to Feb 1 1940, and that I last saw h— alive on Feb 1 1940.

Immediate cause of death	DURATION
Acute Dil of Heart	6 days
Pneumonia Comm Mens	
Due to	
Due to Diabetes mellitus	
Acute nephritis	6 mo.
Other conditions Acute Dil of Heart	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George Blackman M.D. M. D. or other

Address: Main Rd Date signed Feb 2-40

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MAR 5 1940
BUREAU V. S.

02286

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 263

1. PLACE OF DEATH:

County Somerset

City or town Mt Vernon Polks Rd.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Pr. Anne. Md. P.O.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Somerset

City or town Pr Anne. Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Pr Anne. Md.
(If rural give LOCATION)

2(o) IF VETERAN, NAME WAR —

3. (a) FULL NAME Baby Boy Smith

3. (b) Social Security Number

4. Sex M

5. Color or race C

6.(o) Single, married, widowed, or divorced S

6 (b) Name of husband or wife Gilbert Smith

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb 3. 1940

8. AGE: Years Stillborn | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Polks Rd.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Gilbert Smith
13. Birthplace Md

MOTHER
14. Maiden name Ola Jones
15. Birthplace Md.

16. Informant Gilbert Smith (father)

Address Pr Anne Md.

17. ____ (Burial, cremation, or removal. Which?) Date thereof ____ (month) (day) (year)

Cemetery or crematory Mt. Vernon

Location near (C) Church.

18. Funeral director (buried by father) Gilbert Smith

Address Pr Anne, R.F.D.

19 Feb. 3 1940 (Date rec'd by registrar) Stephen O. Hopkins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1940, at 1.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h — alive on — 19__.

Immediate cause of death Stillborn

Due to Probably Syphilis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thos. [illegible] M.D. or other

Address Princess Anne Date signed 2/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 4 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

02287

Reg. Diat. No. 265

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 80yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Sally E Somers

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed

8 (b) Name of husband or wife: William Somers
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 6 1860

8. AGE: Years	Months	Days	If less than one day
79	2	12	hrs. min.

9. Birthplace: Crisfield Somerset Maryland
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: William Daugherty
13. Birthplace: Crisfield Md

MOTHER
14. Maiden name: Elizabeth Daugherty
15. Birthplace: Crisfield Md

16. Informant: Nelson Somers
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 20 1940 (month) (day) (year)
Cemetery or crematory: Crisfield Cem
Location: Crisfield Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Feb. 19, 1940 (Date rec'd by registrar) C. T. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 18, 1940, at 2:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 14, 1940, to Feb 18, 1940, and that I last saw h[illegible] alive on Feb 18, 1940.

Immediate cause of death: Bronchial Pneumonia — DURATION: 10 days
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: C E Collins
M. D. or other
Address: Crisfield Md Date signed 2-19-40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

02288

Reg. Dist. No. 265

WITHIN CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Somerset
City or town Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
~~Street No.~~ near Lawsonia
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles H. Sterling

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Theobe Sterling

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 30th 1874

8. AGE: Years 65 | Months 6 | Days 22 | If less than one day ____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Crabber and Oysterman

11. Industry or business

FATHER 12. Name John D. Sterling

13. Birthplace Md.

MOTHER 14. Maiden name Julia F. Byrd.

15. Birthplace Md.

16. Informant John Sterling

Address Crisfield Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 25/40 (month) (day) (year)

Cemetery or crematory Asbury Cemetery

Location Lawsonia near Crisfield

16. Funeral director L. A. Lawson

Address Crisfield. Md.

19. Feb. 23 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 22nd 1940, at 10 A.M. P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 22 1940, to Feb. 22 1940 and that I last saw h-- alive on Feb. 22 1940.

Immediate cause of death Coma — DURATION 7 hrs.

Due to Apoplexy

Due to Cardio-vascular-Renal disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Edward R. Schwatka M. D. or other

Address Crisfield Date signed Feb. 23/40

RECEIVED
MAR 5 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

CERTIFICATE OF DEATH

02289

Reg. Dist. No. 265

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 72 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infante give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Emma Andy Sterling

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife: Edwin F Sterling

6(c) If alive, give age: 73 years

7. Birth date of deceased (mo., day, yr.): Dec 27 1867

8. AGE:

Years	Months	Days	If less than one day
72	1	6	hrs. min.

9. Birthplace: Crisfield Somerset Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Thomas McCready
13. Birthplace: Crisfield

MOTHER
14. Maiden name: Pattie A nelson
15. Birthplace: Crisfield

16. Informant: William Sterling
Address: Crisfield

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 6 1940 (month) (day) (year)

Cemetery or cremetory: Crisfield Cem

Location: Crisfield Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Feb. 5, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 3 1940, 10:15 P.M. at 10:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 15 1940, to Feb 3 1940, and that I last saw her alive on Feb 3 1940.

Immediate cause of death: Acute Dil of Heart Influenza

DURATION: Jan 15 40

Due to

Due to

Other conditions: Chronic Int nephritis Chronic myocarditis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George C. Coulbourn M D
M. D. or other

Address: Nuron Md Date signed: Feb 4-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02290
Reg. Dist. No. 270

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Rural, near Town
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Sterling

3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Stephen Edward Sterling
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Jan 10-1861
8. AGE: Years: 79 Months: Days: 29 If less than one day: hrs. min.
9. Birthplace: Somerset Co. Md.
(Town, county, and state)
10. Usual occupation: Housekeeping
11. Industry or business:
FATHER 12. Name: Daniel S. Ward.
13. Birthplace: Md.
MOTHER 14. Maiden name: Julia Pruett
15. Birthplace: Md.
16. Informant: Mrs. Bertha M. Tyler
Address: Crisfield. Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Feb. 11th 1940 (month) (day) (year)
Cemetery or crematory: Asbury Cemetery
Location: near Crisfield Md.
18. Funeral director: L. D. Lawson & Son
Address: Crisfield, Md.
19. Feb. 9 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 8th 19 40, at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 24th 19 40, to Feb 8th 19 40, and that I last saw h-- alive on Feb 8th 19 40.

	DURATION
Immediate cause of death: Arteriosclerosis	years
resulting Anemia	
Broncho Pneumonia	2 days
Due to Hypostasis	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: Non

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: C. J. Somers M. D. or other
Address: Crisfield Md. Date signed 2-9-40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (89-a)

CERTIFICATE OF DEATH

02291

Reg. Dist. No. 270

THE OUTSIDE CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield Rual
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days):
Stay in this community (yrs., or mes., or days): Unknown

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Crisfield R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Na Julia Ellen Steward

3. (b) Social Security Number 216-03-7001

4. Sex: Female
5. Color or race: Negro
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Uphus Steward
6(c) If alive, give age: 45 years
7. Birth date of deceased (mo., day, yr.): Oct. 9, 1895
8. AGE: Years: 44 Months: 4 Days: 3 If less than one day: hrs. min.
9. Birthplace: Marion Md
(Town, county and state)
10. Usual occupation: Oyster opener + Crab picker
11. Industry or business: Oyster + Crab packing
FATHER 12. Name: James White
13. Birthplace: Marion Md
MOTHER 14. Maiden name: Julia White
15. Birthplace: Marion Md
16. Informant: Alice May Steward
Address: Crisfield Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 15, 1940 (month) (day) (year)
Cemetery or crematory: Wesley cemetary
Location: Marion Md
18. Funeral director: Chas H Ward
Address: Marion Md.
19. Feb. 14, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 12 1940, at 8:20 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 11 1940, to Feb. 12 1940, and that I last saw h-e alive on Feb. 12 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	2/11/40
Due to	
Due to	
Other conditions: Coma	2/11/40

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. J. Barkley M.D.
M. D. or other
Address: Crisfield, Md Date signed 2/14/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

02292

Reg. Dist. No. 265

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 53 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James Edward Tawes

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Lillian Dize Tawes
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1887

8. AGE: Years	Months	Days	If less than one day
53			hrs. min.

9. Birthplace: Crisfield, Somerset, Md (Town, county, and state)
10. Usual occupation: Waterman
11. Industry or business: Boats

FATHER
12. Name: William Tawes
13. Birthplace: Crisfield Md

MOTHER
14. Maiden name: Anna Charnick
15. Birthplace: Tangier Va

16. Informant: Mrs Anna Tawes
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 13 1940 (month) (day) (year)
Cemetery or crematory: Sunnyridge Park cemetery
Location: Near Crisfield Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Feb. 11, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 10 1940, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10 1940 to Feb 10 1940, and that I last saw him alive on Feb 10 1940

Immediate cause of death	DURATION
Cerebral hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: C. L. Somers M. D. or other
Address: Crisfield, Md Date signed 2-19-40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02293

Reg. Dist. No. 265

WITHIN CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Richardson Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Susan A. Tawes.

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

B (b) Name of husband or wife: Lorenza E. Tawes.

B(c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): June 27th 1865

8. AGE:

Years	Months	Days	If less than one day
74	7	8	hrs. min.

9. Birthplace: Somerset Co. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER
12. Name: James Somers.
13. Birthplace: Md.

MOTHER
14. Maiden name: Mary Milligan
15. Birthplace: Md.

18. Informant: Capt. Lorenza E. Tawes
Address: Crisfield. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 7, 1940 (month) (day) (year)

Cemetery or crematory: Sunny Ridge Cemetery
Location: near Crisfield

18. Funeral director: L. S. Lawson & Son
Address: Crisfield. Md.

19. Feb. 5, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 4th 1940, at 6.20 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from June 29 1939, to Feb 4 1940, and that I last saw h[illegible] alive on February 4 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to Chronic Int. Nephritis	
Due to Acute Cardiac Dilatation	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W. H. Coulbourn M.D.
M. D. or other
Address: Crisfield Md Date signed: 2-5-40

RECEIVED
MAR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02294

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (89-a)

County Somerset — Registration Dist. No. 268

Village or City Chance — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Eliza Teagle — If U. S. Veteran, specify WAR ____

(a) Residence: No. Chance St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	Bl.	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George Teagle deceased

6. DATE OF BIRTH (month, day, end year): Jan 6, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	75	-	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country): Chance

FATHER

13. NAME: Samuel Beckett

14. BIRTHPLACE (city or town) (State or country): Chance Md

MOTHER

15. MAIDEN NAME: Eliza Beckett

16. BIRTHPLACE (city or town) (State or country): Chance Md

17. INFORMANT (Address): Fred Beckett Chance

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~

Place Chance Md Date Feb 5, 1940

19. UNDERTAKER (Address): Fred F Webster Deals Island Md

20. FILED Feb 5, 1940 Dora Webster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH February 2 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1940, to February 2, 1940

I last saw h-er alive on January 19, 1940; death is said to have occurred on the date stated above, at 2 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	

Other Contributory Causes of Importance:

Bronchitis.
Arteriosclerosis

Name of operation None Date of ____

What test confirmed diagnosis? None Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Victor L. Shelton M. D.

(Address) Deals Island Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

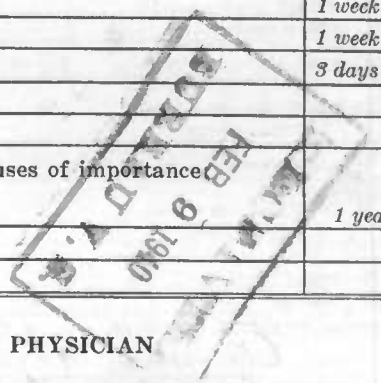
Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02295

Reg. Dist. No. 268

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Wenona
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 5 mo 27 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Wenona Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George Tilghman

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Negro	Single

6 (b) Name of husband or wife: July
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 29, 1939

8. AGE:

Years	Months	Days	If less than one day
0	5	27	hrs. min.

9. Birthplace: Wenona
(Town, county, and state)

10. Usual occupation: baby

11. Industry or business

FATHER
12. Name: Isaac Tilghman
13. Birthplace: Wenona

MOTHER
14. Maiden name: Dorothy Lee Parker
15. Birthplace: Wenona

16. Informant: Dorothy Lee Parker & Isaac Tilghman
Address: Wenona

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 16 1940 (month) (day) (year)
Cemetery or crematory: Deal Island
Location: Deal Island

18. Funeral director: Fred T. Webster
Address: Deal Island

19. Feb 16 1940 (Date rec'd by registrar) Rowa Webster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 16 1940, at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 12 1940, to February 16 1940, and that I last saw him alive on February 16 1940.

Immediate cause of death: Bronchopneumonia and Meningitis — DURATION: 4 days

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: Not done

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Victor L. Stanton M. D. or other
Address: Deal Island Date signed 2-17-40

Authorization to change date of birth see letter filed under Spatore in permanent file. 4/19/40 B.

RECEIVED
MAR 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

02296

CERTIFICATE OF DEATH

Reg. Dist. No. 264

1. PLACE OF DEATH:

County: Somerset

City or town: Rumbly
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): ?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Rumbley Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Nancy E Tyler

3. (b) Social Security Number: None

4. Sex: F

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: James A Tyler (deased)

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 14 1854

8. AGE: Years 85 | Months 8 | Days 28 | If less than one day ____ hrs. ____ min.

9. Birthplace: Fairmount Somerset Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: John Hurley
13. Birthplace: Fairmount Md

MOTHER
14. Maiden name: Ellen Blake
15. Birthplace: Fairmount Md

16. Informant: Hutchie Dize
Address: Rumbley Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 15 1940 (month) (day) (year)

Cemetery or crematory: Fairmount Cem.
Location: Fairmount Md.

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Feb 16th 1940 (Date rec'd by registrar) K. O. Dickinson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 18th 1940, at mid night M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 16th 1935, to Feb. 13th 1940 and that I last saw her alive on Feb. 12th 1940.

Immediate cause of death	DURATION
Bronchial Pneumonia	4 days
Due to Pneumonia, type unknown	
Due to	
Other conditions: Chronic asthma	50 yrs.
Chronic Myocarditis	2 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Thos. B. Whaley M.D. M. D. or other
Address: Princess Anne Date signed 2/14/40

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

112297

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Venton Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County: Somerset
City or town: Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Waters

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	B	—

B (b) Name of husband or wife: —

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb 8 1940

8. AGE: Years — Months — Days — If less than one day: hrs. min.

9. Birthplace: Venton, Md
(Town, county, and state)

10. Usual occupation:

11. Industry or business

FATHER
12. Name: Edward Waters
13. Birthplace: Venton, Md

MOTHER
14. Maiden name: Delsie Holbrook
15. Birthplace: Venton, Md

16. Informant: Delsie Waters
Address: Venton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 9 1940 (month) (day) (year)
Cemetery or crematory: Venton Md
Location: Venton Md

18. Funeral director: Wm James & Son
Address: Princess Anne Md.

19. 2 9 1940 (Date rec'd by registrar) T J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 8 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from —19—, to —19—, and that I last saw h— alive on —19—.

Immediate cause of death	DURATION
Stillborn	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: T J Smith (not in attendance) Mary Collins (midwife) M. D. or other
Address: Princess Anne Date signed: 2/9/40

RECEIVED
MAR 7 1940
BUREAU V. S.

02298

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-d

CERTIFICATE OF DEATH

Reg. Dist. No. 269

1. PLACE OF DEATH:

County Somerset

City or town Oriole

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Oriole Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Geo. E. Willing

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Annie E. Willing

6(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Jan 29, 1857 ~~Feb 3rd 1940~~

8. AGE: Years 82 Months 70 Days 4 If less than one day ___ hrs. ___ min.

9. Birthplace Md.

(Town, county, ~~and~~ state)

10. Usual occupation Waterman

11. Industry or business

FATHER

12. Name Isaac Willing

13. Birthplace Md.

MOTHER

14. Maiden name Emmeline Bozman

15. Birthplace Md.

16. Informant Denwood Willing

Address Oriole Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 4th 40 (month) (day) (year)

Cemetery or crematory Oriole Cemetary

Location Oriole Md

18. Funeral director L. G. Webster

Address Deal Island Md

19. Feb 4 1940 (Date rec'd by registrar) Mrs. S. Bennett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1940, at 11 40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 1940, to Feb 1 1940, and that I last saw him alive on Feb 1 1940.

Immediate cause of death Arteriosclerosis Chron Myocarditis

DURATION Dont Kn

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE T. Smith M. D. or other

Address Princess Anne Md Date signed 2/4-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 8 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13) 6

02299

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset

City or town: Princess Anne, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Beckwood

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME (KATE) Katharine Armstrong Wilson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Single

6 (b) Name of husband or wife ✓

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Not known

8. AGE: Years 85 | Months | Days | If less than one day: hr. min.

9. Birthplace: Princess Anne, Md (Town, county, and state)

10. Usual occupation: Maid

11. Industry or business

FATHER 12. Name: Wm Wilson

13. Birthplace: Somerset Co. Md

MOTHER 14. Maiden name: Sophia Jones

15. Birthplace: Somerset Co. Md

16. Informant: Mrs C. Hart

Address: Princess Anne Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/21-40 (month) (day) (year)

Cemetery or crematory: Princess Anne Md

Location:

16. Funeral director: Jas L. Dennis

Address: Princess Anne Md

19. 2/20 1940 (Date rec'd by registrar) G J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 19th 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death	DURATION
General Arteriosclerosis	
Due to Myocarditis	
Due to Chron Nephritis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: G J Smith M. D. or other

Address: Princess Anne Md Date signed 2/20/40

ADDITION OF SECOND NAME: Pink copy under DR. SMITH, perm.file, 9-24-40.L

RECEIVED
MAR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

02300

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County: Somerset

City or town: Marion
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): ?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Marion Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Edward Wilson

3. (b) Social Security Number: None

4. Sex: M

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 1 1860

8. AGE: Years 79 Months 6 Days 10 If less than one day ____ hrs. ____ min.

9. Birthplace: Marion Somerset Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Henry Wilson
13. Birthplace: Marion MD

MOTHER
14. Maiden name: Ester Ann Green
15. Birthplace: Marion Md

16. Informant: Dorthy Blake
Address: Marion Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 14 1940 (month) (day) (year)

Cemetery or crematory: St Pauls Cem.
Location: Marion Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. 7/14 1940 (Date rec'd by registrar) Aurelia B Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 11 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10 1940, to Feb 11 1940, and that I last saw h— alive on Feb 11 1940.

Immediate cause of death: Acute Dil of Heart; Cerebral Hemorrhage

Due to

Due to: Genuine Arteriosclerosis

Other conditions: Chronic Dist. nephritis; Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 2 days; P; Not [illegible]

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George C Coulbourn M D
M. D. or other

Address: Marion Md. Date signed: Feb 14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 2 1940
BUREAU V. S.